

Maine Department of Health and Human Services/ Office of Adult Mental Health Services
Office of Consumer Affairs
Maine Intentional Peer Support Training Program Application

Name: _____
Mailing Address: _____
Town/city: _____ Zip Code _____
Email: _____
Telephone number(s): _____

Gender: _____

Are you 18 years of age or older? ☐ yes ☐ no

Can you identify yourself as a person who has received or is receiving services for a serious mental health issue?* ☐ yes ☐ no

What is the highest level of education you have completed?

- ☐ 8th grade or less
- ☐ Some high school
- ☐ High school graduate or GED
- ☐ Some technical school or college
- ☐ Technical school graduate or Associate Degree
- ☐ College graduate
- ☐ Postgraduate or professional degree

Have you completed Peer Support 101? Yes ____ No ____ Date of Training _____

Personal Commitment

The Maine Intentional Peer Support Specialist Training Program requires a significant commitment of time and energy. The initial commitment involves completion of a web-based training and 50 hours of classroom training. Significant amounts of reading, homework, review worksheets, full participation and a final test will be required during the training. Please consider your ability to commit time and energy to this project before applying.

I understand that all sessions are mandatory.

I commit to participate in the training to the fullest extent of my abilities.

I attest that all answers in this application are true to the best of my knowledge.

Signature _____ Date _____

* Self identifying process in which you feel a mental health illness has seriously impacted your life and relationships for an extended period of time.

Special Needs

Diet _____

Accommodations _____

Please answer each of the following questions that apply to you. Your answers will be scored, please answer all questions completely. If you need additional space for your answers, please include attachments as necessary.

1. Please share why you are interested in Intentional Peer Support and the training.

2. How do you intend to use this training?

3. Do you plan to pursue certification as a Certified Intentional Peer Support Specialist (CIPSS)?

Yes No

4. Are you interested in the possibility of working or volunteering as a CIPSS?

Yes No

5. Please list any relevant trainings that relate to peer support or your understanding of peer support, including topics covered and if known, approx. dates and who provided the training.

Training Attended	Topics Covered	Date (s)	Who Provided the Training?

6. What does recovery mean to you? (please include personal experience)

7. What factors were important in your own recovery and how long have you been working towards recovery?

8. What kind of changes would you like to see to support mental health and well-being in Maine?

9. Please describe what you would like to contribute to the community and how you would like to influence opportunities for other people working towards recovery.

10. Describe an activity you have been involved in that represents commitment and follow through.

11. What will be your greatest challenge in attending and participating in the training and how will you address that challenge?

Preference will be given to persons who are currently employed/volunteering or have an offer of employment in a peer support position that requires Intentional Peer Support Specialist Certification.

12. Are you currently employed or volunteering in a peer support position?
(Ex. - Support group facilitator, WRAP group facilitator, peer specialist in emergency department, peer specialist on warm line, peer educator, peer center/social club staff)

Yes No

If yes, please explain.

If no, have you received an offer of employment if trained? Please explain.

Please list contact information of your current or potential employer or volunteer coordinator:

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